Under the Paperwork Reduction A	set of 1995 no o	ersons are required to n	U.S. Patent and 1	rademark (Office; U.S. DEP	ARTMENT OF COMMERCE		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
			Application Number	10/56	10/560,156			
FEE TRANSMITTAL For FY 2009			Filing Date	09/18	09/18/2006			
			First Named Inventor	Helmu	Helmut Konopa			
			Examiner Name	Charle	Charles Newton Bell			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	3744	3744			
TOTAL AMOUNT OF PAYME	NT (\$)	52.00	Attorney Docket No.	2003F	P00855WOU	s		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 502786 Deposit Account Name: BSH Home Appliances Corp.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Contago today manadad balan, sweep tal the ming tee								
under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCE								
	FILING FEES Small		RCH FEES EX Small Entity		ION FEES			
Application Type	ee (\$) Fee		Fee (\$)		Fee (\$)	Fees Paid (\$)		
Utility	330 16	5 540	270 2	20	110			
Design	220 11	100	50 1	40	70			
Plant	220 11	330	165	70	85			
Reissue	330 16	5 540	270 €	50	325			
Provisional	220 11	0 0	0	0	0			
2. EXCESS CLAIM FEES					Fee (\$)	Small Entity		
Fee Description Each claim over 20 (incl	uding Reiss	es)			52	Fee (\$) 26		
Each independent claim over 3 (including Reissues)						110		
Multiple dependent clair			390	195				
Total Claims					Multiple Dep	endent Claims		
2120 or HP =1x52,00 =52.00 Fee (\$) Fee Paid (\$)								
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
3 or HP = x _220.00_ =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 =		50 =	_ (round up to a whole			=		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (S)								
Other (e.g., late filing surcharge):								

SUBMITTED BY							
Signature	/James E. Howard/	Registration No. (Attorney/Agent) 39,715	Telephone 252-639-7644				
Name (Print/Type)	James E. Howard		Date May 13, 2009				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including spatienting i propriating and secondary and including spatienting in propriating spatienting in propriation and including this spatienting spatienting in propriation (Secondary Commence on the amount of time your experience of commence, P.O. Box 1450, Alexandria, VA 22315-1450. DOIT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450. DOIT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450.